

VERIFICATION OF GOOD STANDING

Appraisal Management Company Name _____

License Number _____

State Board:

The above-named appraisal management company is applying for registration or renewal to practice as an appraisal management company in the State of Kentucky. The Kentucky Real Estate Appraisers Board requires a verification of licensure to be completed by each state wherein the above business named holds a license as an appraisal management company. This is your authority to release the information requested below and to mail or email the completed form directly to the State of Kentucky.

Name and Title

Date

THIS SECTION TO BE COMPLETED BY A MEMBER OF THE STATE BOARD AND RETURNED DIRECTLY BY MAIL OR EMAIL TO:

**Kentucky Real Estate Appraisers Board
135 W. Irvine Street, Suite 301
Richmond, KY 40475**

Kim.Mathias@ky.gov

State of: _____

Full Name of AMC: _____

Registration/License Number: _____ Issue Date: _____

Registration/License is Current: _____ If NO, please explain: _____

Has Registration/License been suspended/revoked/disciplined? _____

If YES, please explain and attach documentation: _____

Has the above named business been asked to appear before your board? _____

If YES, please explain: _____

Derogatory information, if any: _____

Comments, if any: _____

Signed: _____ Date: _____

Title: _____